2007 FOR PROFIT CORPORATION ANNUAL REPCRT (AR)

## Feb 08, 2007 8:00 am DOCUMENT # P02000018572 Secretary of State 1. Entity Name 02-08-2007 90059 015 \*\*\*150.00 PIER DOLPHIN CRUISES INC. Principal Place of Business Mailing Address 800 2ND AVE SE 300 2ND AVE SE #80 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701 3. Mailing Address 2. Principal Place of Business - No P.O. Box # AVENUE NE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) - 204 City & State Applied For City & State 4. FEI Number 04-3609040 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEBARDELABEN, FRED F Street Address (P.O. Box Number is Not Acceptable) 300 2ND AVE SE #80 ST. PETERSBURG FL 33701 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title r applicable. (NOTE: Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Addition ☐ Defete DEBARDELABEN, FRED F NAME NAME 300 2ND AVE SE #80 STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33701 CITY-S1-ZIP CHY-ST-ZIP Detete TITLE THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-7IP ☐ Delete ☐ Channe TITLE DILE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP Addition TITLE ☐ Delete THLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FRED F. DEBARDEIABEN 1/31/07

FILED